

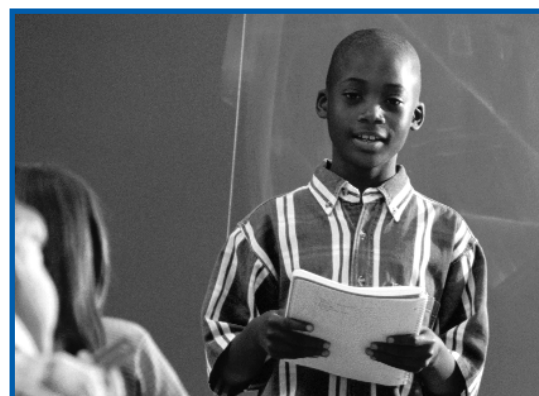
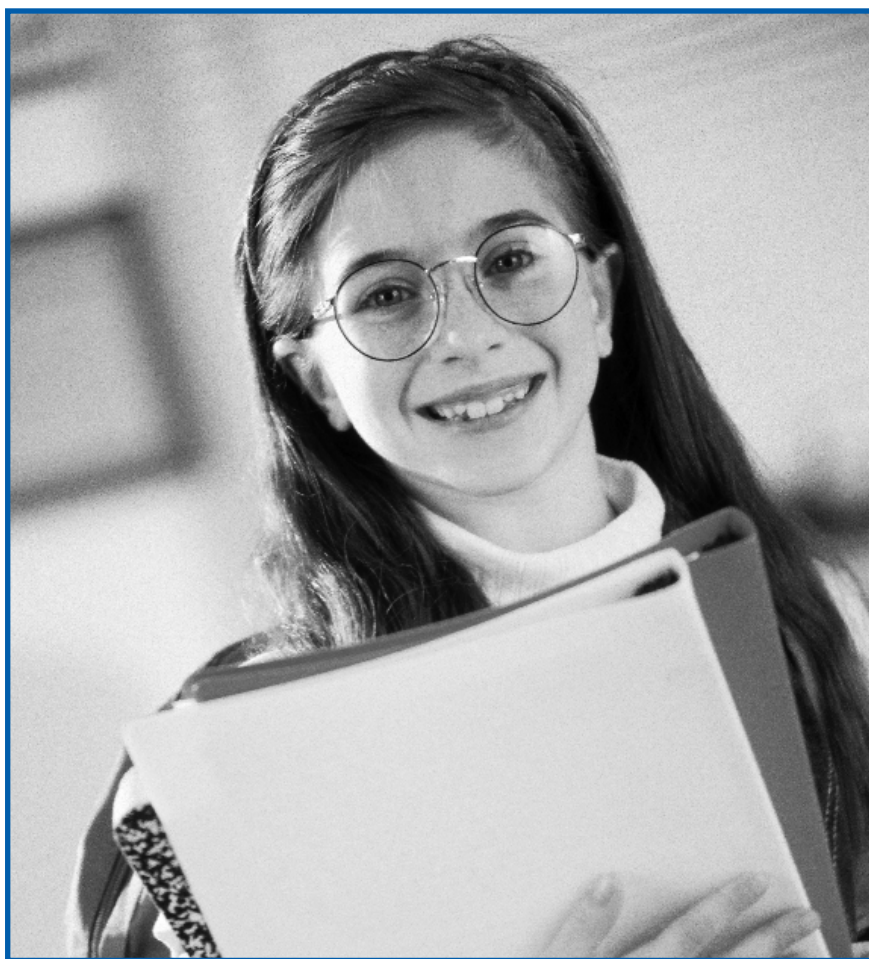


AT A GLANCE

Healthy Youth

An Investment in Our Nation's Future

2006



"Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, to live healthier, longer, more satisfying, and more productive lives."

Carnegie Council on Adolescent Development

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
COORDINATING CENTER FOR HEALTH PROMOTION

Schools: The Right Place for a Healthy Start

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools have a critical role to play in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns because

- Each school day is an opportunity for the nation's 54 million students to learn about health and practice the skills that promote healthy behaviors.
- The nation's 121,000 schools provide many opportunities for students to practice healthy behaviors such as eating healthy foods and participating in physical activity.

Risk Behaviors Established Early in Life

Six priority health risk behaviors contribute to the leading causes of death, disability, and social problems in the United States. These behaviors, often established during childhood and early adolescence, are

- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Alcohol and other drug use.
- Sexual behaviors that may result in HIV infection, other sexually transmitted diseases, and unintended pregnancies.
- Behaviors that contribute to unintentional injuries and violence.

Schools can most effectively and efficiently meet the health needs of young people by focusing their efforts on these six priority health risk behaviors, in addition to addressing other important health problems such as asthma, obesity, and infectious diseases.

School Health Programs Can Reduce Risk Behaviors and Improve Learning

Research has shown that school health programs can effectively reduce the prevalence of health risk behaviors among young people and can also have a positive impact on students' academic performance.

The following findings demonstrate the effectiveness of school health programs:

- A tobacco use prevention program reduced by about 26% the number of students who started smoking cigarettes during grades 7–9.

- In Massachusetts, a curriculum delivered in physical education and other classes increased fruit and vegetable consumption and reduced the prevalence of obesity among middle-school girls.
- Inner-city children who participated in a school breakfast program increased their nutrient intake and were more likely to improve their academic and psychosocial functioning than those who did not participate in the program.
- A comprehensive intervention in public elementary schools that serve high-crime areas in Seattle, Washington, was associated with increased student commitment to school, reduced misbehavior in school, and improved academic achievement. The program involved teacher training, parent education, and social competency training for students. Students who participated in the intervention reported fewer violent acts, heavy drinking incidents, and other risk-taking behaviors.
- A health behavior intervention to prevent cardiovascular disease among young people focused on the elementary school environment, physical education and classroom curricula, and home programs. The intervention reduced the fat content of school lunches, increased the level of moderate-to-vigorous physical activity in physical education classes, and improved eating habits and physical activity among students.

Health Challenges Faced by Young People

- More than 1 in 5 high school students in the United States are current smokers.
- Almost 80% of high school students do not eat the recommended 5 servings of fruits and vegetables a day.
- Only 28% of high school students participate in daily physical education classes.
- Nearly 1 in 3 children and adolescents are overweight or at risk of becoming overweight.
- Every year, more than 870,000 adolescents become pregnant and over 3 million become infected with a sexually transmitted disease.
- People aged 13–24 accounted for 12% of HIV cases reported in areas with confidential reporting.
- Young people miss 14 million school days a year because of asthma.

CDC: Advancing and Supporting School Health Programs

Coordinated School Health Programs

School health programs play a unique and important role in the lives of young people by improving their

- Health knowledge, attitudes, and skills.
- Healthy behaviors and health outcomes.
- Educational outcomes.
- Social outcomes.

A high-quality school health program is a coordinated and comprehensive set of courses, services, and policies that meet the health and safety needs of students and school staff in kindergarten through grade 12. The essential elements of an effective school health program include eight interrelated components, many of which already exist to some extent in most schools. These components are

- Health Education.
- Health Services.
- Nutrition Services.
- Health Promotion for School Staff.
- Physical Education.
- Mental Health and Social Services.
- Healthy and Safe School Environments.
- Family/Community Involvement.

School health programs are most effective and efficient when all of the components are addressed together through a coordinated approach supported by school health councils, collective planning, administrative support, identified leaders, parents, and community members. CDC has identified priority actions states need to take to develop effective school health programs. Information is available at <http://www.cdc.gov/nccdphp/publications/PromisingPractices>.

CDC's Leadership Role

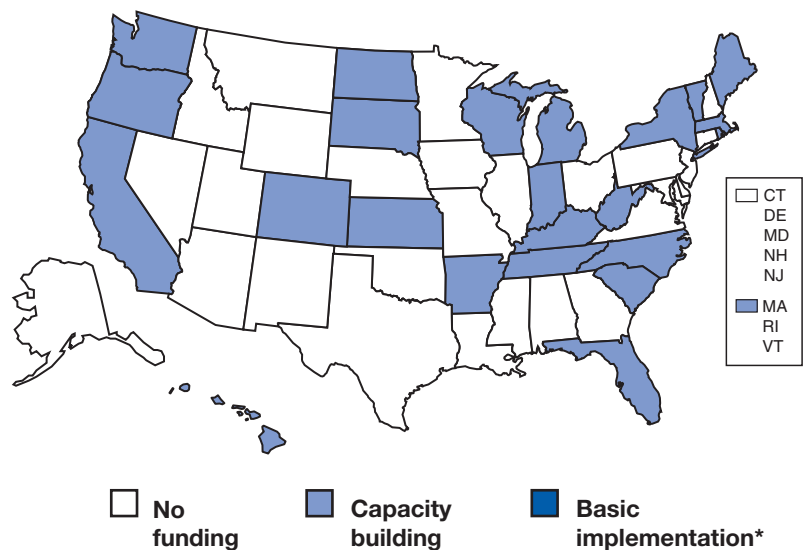
CDC is committed to ensuring that all people, especially those at greater risk for health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life. With new health protection goals that support healthy people in healthy places across all life stages, CDC is setting the agenda to enable people to enjoy a healthy life by delaying death and the onset of illness and disability by accelerating improvements in public health.

In addition, CDC is leading the way in preventing health risks among children, adolescents, and young adults through school programs. With fiscal year 2006 funding of \$14 million for coordinated school health programs (CSHPs) and another \$42 million to support HIV prevention education, CDC works with other federal agencies; national nongovernmental organizations; and state and local departments of education, health, and social services to plan and implement these programs.

CDC activities that support these programs include

- Monitoring priority health risk behaviors and school health programs and policies through systems such as the Youth Risk Behavior Surveillance System, the School Health Policies and Programs Study, and School Health Profiles.
- Analyzing research findings to develop guidelines for addressing priority health risk behaviors among students and developing tools, such as the *School Health Index: A Self-Assessment and Planning Guide*, to help schools implement these guidelines.
- Enabling states, cities, and national organizations to develop, implement, and evaluate their own school health programs to improve the health, education, and well-being of young people.

CDC Funding for Coordinated School Health Programs, Fiscal Year 2005



Making a Difference in the Health of Young People

CDC currently funds 23 states for CSHPs; 48 states, 18 cities, and 7 U.S. territories for HIV prevention education; 6 cities and 1 state for asthma-friendly schools; 1 state for food safety; and more than 50 national nongovernmental organizations to support HIV prevention education and CHSPs. The following are examples of some of these programs.

Success Stories

In **Maine**, the state CSHP used tobacco settlement funds to put in place a school health coordinator and school health advisory council in all of the state's 54 school administrative units. As a result, CDC's CSHP model and guidelines for tobacco use prevention, physical activity, and healthy eating are being implemented statewide. This widespread use of the model and guidelines has led to policy and environmental changes such as stricter tobacco-free school regulations.

In **Kansas**, the state CSHP provides schools and school districts with planning grants to identify their needs (using CDC's *School Health Index* for guidance) and with implementation grants to initiate programs to increase physical activity, improve nutrition, and eliminate tobacco use. To date, 59 school districts, 109 schools, and 66,094 students across 27 counties have benefited from these grants. Across the state, school activities spanned all eight components of the CSHP model, but varied widely depending on local needs. Local accomplishments include adoption of a district-wide, tobacco-free school grounds policy; development of numerous staff wellness activities; inclusion of healthy options at concession stands; guidance to faculty and staff on how to incorporate physical activity into all classrooms; inclusion of after-school activities to promote student fitness, strength, and flexibility; and creation of a community walking trail and monthly fitness and wellness events. Local schools and school districts also have been able to use the grants to leverage funding for coordinated school health activities.

Wisconsin's state CSHP has developed major initiatives to reduce tobacco use and increase physical activity among its students. The tobacco initiative focuses on increasing the use of CDC's school tobacco guidelines in Wisconsin schools, establishing evidence-based educational programs, and increasing family involvement in tobacco control programs.

An independent evaluation showed that 1 year after the initiative was implemented, 243,000 students were receiving significantly improved school tobacco programs, and 90% of the targeted schools had increased their use of the CDC guidelines.

Cigarette use among high school students in Wisconsin has declined by 26% since 1991. In the first year of the program's physical activity campaign, called "Movin' Schools," more than 10,000 students reported increases in physical activity.

Florida's CSHP provides annual training, technical assistance, and small grants to schools that implement the CDC school health model. Coordinated school health has become central to the vision statements and improvement plans of these schools. For example, at McIntosh Middle School in Sarasota, staff members have been trained in the CSHP model; research-based health education curricula are being used; interagency agreements have been established to deliver needed health services to students and family members; staff have participated in workshops on stress management and nutrition; and the entire school community has received consistent, reinforcing health messages through signs, Web sites, and public address announcements.

Since McIntosh Middle School implemented a CSHP, school attendance has improved from 92% to 94%; the number of students with a grade point average of at least 3.0 and no disciplinary referrals has increased to 55%; math, reading, and writing scores have risen each year; and the overall number of disciplinary actions has decreased 15%. School officials also serve on the National Middle School Association Health Task Force to further promote CSHPs.

Future Directions

Because every child needs preparation for a healthy future, CDC recommends that all states establish coordinated school health programs. CDC will maintain its commitment to supporting school health programs and HIV prevention education nationwide and plans to improve the quality and expand the reach of these programs. As part of this commitment, CDC will continue to provide key leadership, resources, and experienced staff members to help states, cities, and national organizations create and maintain the most effective school health programs possible.

For more information or additional copies of this document, please contact
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway NE, Mail Stop K-29, Atlanta, GA 30341-3717
Telephone: (888) 231-6405 • E-mail: HealthyYouth@cdc.gov • Web: <http://www.cdc.gov/healthyyouth>